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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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OFFICE OF PETITIONS

Patent No.: 6,415,486

Serial No.: 09/516,328

Adjustment date: 08/14/2009 DALLEN
08/22/2006 DALLEN 00000003 6415486
01 FC:1559 -1030.00 OP

Issued: July 9, 2002

Filed: March 1, 2000

Docket: LRI-003PAT

Title: **METHOD AND APPARATUS FOR PROVIDING A RESIDUAL STRESS
DISTRIBUTION IN THE SURFACE OF A PART**

Mail Stop: Petition
Commissioner for Patents
P.O. Box: 1450
Alexandria, VA 22313-1450

08/14/2009 DALLEN 00000015 6415486
01 FC:1599 1030.00 OP

Sir:

**PETITION TO REVIEW AND RECORD PAYMENT OF A MAINTENANCE
FEE FILED PRIOR TO EXPIRATION OF PATENT**

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Mail Stop: Petition, P.O. Box 1450, Alexandria, VA 22313-1450, on August 5, 2009.

August 5, 2009


Mark F. Smith

08/14/2009 DALLEN 00000016 6415486
01 FC:1462 400.00 OP

Adjustment date: 12/03/2009 CKHLUK
08/14/2009 DALLEN 00000016 6415486
08/22/2006 DALLEN 00000003 6415486
12/03/2009 CKHLUK 0000169572
-400.00 OP

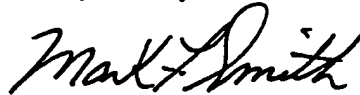
Patent No. 6,415,486

CHECK Refund Total: \$400.00

The Petitioner hereby requests that the Maintenance Fees previously paid be recorded and the patent either be reinstated or the status of the patent be properly recorded as "Active."

Enclosed is a check for \$400.00, please send any appropriate refund to the address below.

Respectfully submitted,



August 5, 2009

Mark F. Smith
Petitioner and Attorney of Record
(Reg. No. 32,437)

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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: 12/03/09		2 Serial/Patent # 6,415,486								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
	Extension of Time			\$						
	Notice of Appeal/Appeal			\$						
X	Petition 1462		08/07/09	\$ 400.00						
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10 REASON:		X	Treasury Check							
	Overpayment		Credit Deposit A/C #:							
	Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				--			
		--								
X	No Fee Due (Explanation):									
Petition was due to Office error.										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: Douglas Ian Wood		TITLE: Petitions Attorney								
SIGNATURE: /dwood/		PHONE: 571-272-3231								
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